



BOARD OF OPTOMETRY
2420 Del Paso Road, Suite 255
Sacramento, CA 95834
(916) 575-7170 Fax: (916) 575-7292

Quarterly Report of Compliance

(Return to the address shown above)

(PLEASE PRINT OR TYPE)

NAME:	Last	First	Middle	License No.	
RESIDENCE ADDRESS:	Number	Street	City	State	Phone
OFFICE ADDRESS:	Number	Street	City	State	Phone
NAME OF EMPLOYER, PARTNER, OR ASSOCIATE (if any, and as may be appropriate): Last First Middle					
ADDRESS:	Number	Street	City	State	Phone
Name of your probation surveillance officer:					
Since the last quarterly report have you had any problem securing or maintaining employment? (YES) (NO) Explain in Detail, if answer is Yes: 					

Since the last quarterly report, have you:

(Circle Yes or No)

1. Been arrested, charged, or convicted of any violation of Federal, State and local laws?..... (YES) (NO)
2. Complied with every condition of the terms of your probation? (YES) (NO)
3. Complied with all optometry laws? (YES) (NO)
4. If required, have you paid the Board any Cost Recovery? If so, how much _____ (YES) (NO)
5. Participated in any continuing education program? If so, please complete the following:

Course: _____ Date: _____ Certificate Attached: (YES) (NO)

Course: _____ Date: _____ Certificate Attached: (YES) (NO)

Course: _____ Date: _____ Certificate Attached: (YES) (NO)

(Note: Original certificate of completion must be attached for compliance credit – originals will be returned)

6. Please attach copies of complete patient records for 6 patient encounters. These are not to be of the same patient type, i.e. 3 for patients under 40 years of age, 3 for patients over 40 years of age with varying ranges of refractive and eye health characteristics.

Explain any YES answer to question 1 and any NO answer to question 2 or 3:

I hereby submit this Quarterly Report as required by the California Department of Consumer Affairs, Board of Optometry and its order of probation thereof, and declare under penalty of perjury the laws of the State of California that I have read the foregoing report in its entirety and know its contents and that all statements made are true in every respect, and understand that misstatements of omissions of material fact may be cause for revocation of probation.

Probationer Signature

Date